Residential Rehabilitation via Polytrauma Transitional Rehabilitation Program (PTRP) Physical Medicine and Rehabilitation (PM&R) Minneapolis VA Health Care System (MVAHCS)

Introduction

PROGRAM OVERVIEW

MVAHCS PM&R PTRP is a post-acute, residential, interdisciplinary rehabilitation program for survivors of significant injury or illness. Participants are admitted with a range of etiologies and diagnoses. PTRP offers specialized programming in *Brain Injury (BI)* rehabilitation.

PTRP services are provided by licensed and credentialed rehabilitation professionals (**Table 1.)** The interdisciplinary rehabilitation team includes the person served and his/her support circle, service providers in Table 1 and hospital consultants as needed, and external stakeholders as appropriate. Programming is designed to pursue goals and outcomes defined by persons served.

The BI specialty program within the PTRP is part of the PM&R BI rehabilitation continuum in partnership with the BI specialty programs in our Comprehensive Integrated inpatient program (CIIRP) and our outpatient BI rehab program. The PTRP BI program holds a position in the national VHA Polytrauma/TBI System of Care. More information can be found at http://www.minneapolis.va.gov/services/pmr.asp.

The PTRP is accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for Residential Rehabilitation with Brain Injury Specialty programming. The current PTRP CARF accreditation term runs through May 2015.

PURPOSE OF THIS DOCUMENT

This document provides a description of MVAHCS PM&R PTRP, including BI specialty programming. This version was written in early 2014 and is based on 2014 CARF Medical Rehabilitation standards.

ADDITIONAL INFORMATION

More information about MVAHCS PM&R programming, including PTRP can be found on the "Programs and Services" page of the Minneapolis VA URL listed above. This includes the most recent "Year in Review" pdf that provides participant demographics and program outcomes. Specific questions can be directed to the PTRP program director via nancy.hildreth@va.gov.

*Chaplaincy	Recreation Therapy
Low Vision Rehabilitation	Rehabilitation Engineering
Neuropsychology	Rehabilitation Nursing
*Nutrition/Dietetic services	Rehabilitation Psychology
Occupational Therapy (includes Driving assessment and training)	Social Work
Pharmacy, including PharmD onsite consultation	Speech-Language Pathology
Physiatry (M.D. or D.O)	Vocational Rehabilitation and counseling
Physical Therapy	*Other Consultative Services (e.g. Audiology, ENT, Orthopedics, Neurology, Neurosurgery, Ophthalmology and Neuro-ophthalmology, Plastic Surgery, etc.)
Prosthetics/Orthotics	
*Psychiatry	

Table 1: Interdisciplinary team members and Conultative services (*) available to PTRP enrollees.

Parameters

Characteristics of populations served	We serve male and female, Veteran and Active Duty Service Members (ADSM). Most participants have post-acute rehabilitation needs related to BI but participants can also be admitted for rehabilitation needs which may include but are not limited to Amputation, Polytrauma, Stroke, or Spinal Cord injury or disease.
Settings	Services are provided on the 10 bed residential unit, medical center, on the grounds of the medical center, and in the community.
Days and Hours of Service	Rehabilitation nursing and medical services are provided 24 hours per day, 7 days per week. Allied therapy services are available M-F. Weekend therapeutic services are offered through condensed scheduling.
Frequency of services	Services are offered per individual rehabilitation needs and personal goals. Frequency of services can vary between participants and over a specific participant's length of stay.
Payer sources	Veterans are covered through the VHA eligibility system. ADSM's are covered under a Memorandum of Agreement with the Department of Defense (DoD.)
Fees	Fees are calculated per individual Means Tests. Fee information is shared via the Rehab Disclosure Statement provided on admission. Case managers can facilitate meetings between persons served and the Business Office for further discussion.
Referral Sources	Referrals are from MVAHCS, other VA Medical Centers, the DoD, and community providers.
Specific services offered	We provide or coordinate all therapeutic, medical, and surgical services required by persons served.

Table 2: Scope of service parameters

Age	Young adult to geriatric.
Activity limitations	All participants must be independent in basic mobility and Activities of Daily Living with no greater than stand-by assistance.
Behavioral or psychological status	Individuals who pose a danger to themselves or others, are deferred to a more appropriate setting of care.
Cultural needs	Services and treatment support cultural, religious, gender, age, and other interests or beliefs. Personalization of participant rooms is supported.
Impairments	Changes in body structures or functions can include but are not limited to BI, limb loss, hearing loss, vision loss, and orthopedic injuries.
Intended discharge environments	Targeted discharge is to an environment that supports the greatest degree of independence and social inclusion/participation possible.
Medical acuity	Participant medical profiles are expected to be post-acute with medical intervention needs that can be met by weekly physician care and daily nursing care.
Medical stability	Patients must be medically stable and able to tolerate their planned rehabilitation program.
Participation restrictions	Those admitted are deemed capable of participating in community integration programming and community-based excursions as feasible. Passes from the program and from the campus are determined on a case-by-case basis, including the degree of supervision needed.

Table 3: Parameters of persons served

Criteria and Process Descriptions

REASONS FOR ADMISSION

1. Need for interdisciplinary, post-acute, residential rehabilitation programming to address participation restrictions in independent living.
2. Desire to enhance, preserve and/or restore participant quality of life by optimizing levels of activity, participation skills and independence.

ADMISSION CRITERIA

1. Be medically and psychiatrically stable to allow management within residential care setting.
2. Have goals for care that are best met in a transitional living setting and/or have restrictions to community independence
3. Be able to be independent in basic ADL's and mobility.
4. Have demonstrated sobriety with no active prescription, illicit substance, or alcohol abuse.

5. Have capacity or a designee to make health care, financial, and/or legal decision as appropriate.
6. Have potential to benefit from interdisciplinary services and successfully participate in groups.

REASONS FOR DEFERRAL

1. Medically or psychiatrically unstable.
2. Needs can be met at a different level of care.
3. Dependent in basic ADL's and mobility.
4. Absence of sobriety – chemical dependency concerns.
5. Absence of legal decision maker.
6. Does not need interdisciplinary level of care.

PRE-ADMISSION PROCESS

1. Internal referrals from MVAHCS PM&R and external referrals undergo a pre-admission screening. Positively screened applications are then forwarded to the PTRP Admissions Team for a formal review.
2. A decision to accept or defer admission is made.
3. The referring source and the applicant receive notice of the acceptance or an explanation for the deferment. For those deferred, recommendations are made for alternate services.

TREATMENT PROCESS AND CONTINUING STAY CRITERIA

Each participant's rehabilitation program is based on interdisciplinary assessments of individual strengths, impairments, limitations, restrictions, medical problems, resources, interests and preferences. Each individualized program is reviewed and modified as necessary across the span of the length of stay.

Key points across each admission include:

1. Initial goal setting
    a. Following the assessment and in collaboration with the person served, the IDT team meets to establish a treatment plan.
        - Goals of the person served are incorporated into the treatment plan
        - Discipline-specific goals are set within individual therapies.
        - Interdisciplinary short term and long term goals are set.
        - Predictions are made for length of stay, discharge disposition, and level of function at discharge.
    b. The treatment plan and predictions are discussed with the person served and other stakeholders as appropriate.
2. Reevaluation
    a. Progress on treatment goals is measured by the IDT, the person served, and family members.
    b. IDT rounds are held bi-weekly. Areas of discussion include:

- Assessment of current function
- Review of goals and progress towards goals of the person served
- Barriers to progress
- Review of length of stay and discharge plans
- Review of resources and educational needs for the person served and family member.

DISCHARGE CRITERIA AND PROCESS

1. A participant is discharged from the PTRP when he/she:
    a. Has reached their achievable goals within the scope of the program.
    b. Is no longer able or willing to participate in the program.
    c. Exhibits behavior posing a risk/safety threat to self or others or exhibits behavior that requires alternate services.
    d. Is active duty and DoD requests discharge.
    e. Becomes medically or psychiatrically unstable.
2. The decision to discharge is made in collaboration between the team and the person served, the family, the referral source and/or other stakeholders as appropriate (e.g. DoD).
3. Discharge planning utilizes all members of the interdisciplinary team to assure that the person served is discharged to a placement most appropriate for his/her current level of function and continued needs.
4. Clinical follow up is arranged.
5. Discharge plans are summarized in Discharge Summaries.

Performance Measurement and Management System

MVAHCS PM&R PTRP operates under the direction of the Program Director and Medical Director in conjunction with the Chief of PM&R. Program performance is evaluated regularly on an established set of criteria as well as ad-hoc reviews of unexpected situations or incidents.

Status reviews, performance improvement projects, and other discussions are held in regularly scheduled meetings. New developments are shared with PM&R leadership through the weekly PM&R Huddle and with MVAHCS Executive Leadership through a monthly Front Office Focused Briefing. PTRP leaders are in regular conversation with leadership of the MVAHCS Extended Care and Rehabilitation Patient Service Line (EC&R PSL), Veterans Integrated Service Network 23 (VISN), and VHA Polytrauma and PM&R Central Office.

Key discussions and formal reports include:

1. Access, including deferral rates and reasons, occupancy rates, average numbers of treatment hours, and lengths of stay
2. Accessibility review and Risk mitigation
3. Infection control
4. Disruptions in care/ Unplanned transfers

5. Patient chart reviews for adequate documentation
6. Predicted Outcomes for status at discharge
7. Stakeholder satisfaction
8. Strategic planning in synch with PM&R long range planning

Outcomes and Measurement information is available to PM&R staff on the PM&R SharePoint. Information is available to the general public on the PM&R pages of the MVAHCS Web site.

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